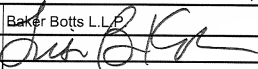


TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/933,115
	Filing Date	08/20/2001
	First Named Inventor	Fisher
	Art Unit	1635
	Examiner Name	Jon E. Angell
Total Number of Pages in This Submission	Attorney Docket Number	070050.1618

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Lisa B. Kole		
Date	01/14/2007	Reg. No.	35,225

CERTIFICATE OF TRANSMISSION/MAILING			
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FEE TRANSMITTAL for FY 2007

Complete if Known

Application Number 09/933,115
Filing Date 08/20/2001
First Named Inventor Fisher
Examiner Name Jon E. Angell
Art Unit 1635
Attorney Docket No. 070050.1618

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account.

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Extra Claims Fee Fee Paid
Total Claims 1 x 25 = \$0

Independent Claims 1 x 105 = \$0

Multiple Dependent 1 = \$0

SUBTOTAL \$0

Fee Description Large Entity Small Entity

Claims in excess of 20 50 25

Independent claims in excess of 3 210 105

Multiple dependent claim, if not paid 370 185

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee
☐ Non-English Specification
☒ Extension for reply within first month \$60
☐ Extension for reply within second month
☐ Extension for reply within third month
☐ Extension for reply within fourth month
☐ Extension for reply within fifth month
☐ Notice of Appeal
☐ Filing a brief in support of an appeal
☐ Petition to revive - unavoidable
☐ Petition to revive - unintentional
☐ Utility Issue Fee
☐ Design Issue Fee
☐ Publication Fee
☐ Petitions to the Commissioner
☐ Request for Continued Examination (RCE)
☐ Information Disclosure Statement (IDS)
Other fee -

SUBTOTAL (\$ 60

SUBMITTED BY

Name (Print/Type) Lisa B. Kole

Signature

Registration No. 35,225
(Attorney/Agent)

(Complete if applicable)

Telephone 212-408-2500

Date 01/14/2007

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